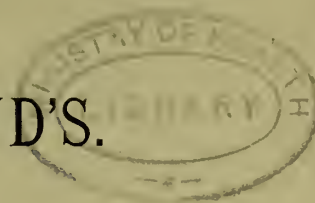


BOROUGH OF BURY ST. EDMUND'S.



Annual Report of the Medical Officer of Health.

→ 1925. ←

NATURAL AND SOCIAL CONDITIONS.

Area, 2,934 acres.

Population.—Census, 1921, 15,937. Estimated 1925, for Births, 16,120; for Deaths, 15,940.

Inhabited Houses, 1921, 3,947 (estimated). 1925, 3,902.

Number of Families or Separate Occupiers, 1921, 4,158 (estimated). 1925, 3,954.

Rateable Value, 1921, £71,966. 1925, £72,824.

Sum represented by a penny rate, £279.

Physical Features.—The soil consists of brick-earth and gravel lying over chalk, which is often very near the surface. The valley of the River Lark runs northwards on the Eastern side of the area.

Social Conditions.—As the centre of an agricultural district, the town depends mainly on its market. The County is also popular as a residential area, and there is a general trade maintained by shops supplying its needs. The industries consist of Iron Works, Malting and Brewing, the making of clothing, and the manufacture of Beet Sugar, a large factory for which was completed during the year, and promises to play an important part in the industrial life of the area. These are all healthy occupations, though the present depression in agriculture leads to an appreciable measure of unemployment and poverty.

Vital Statistics.—Births, Male 122, Female 127, Total 249. Rate per 1,000, 15.44. Illegitimate Births numbered 10.

Deaths, Male 106, Female 91, Total 197. Rate per 1,000, 12.35.

Zymotic Deaths, 2. Rate per 1,000, 0.12.

Infant Deaths (under 1 year), Total 15. Rate per 1,000 births, 60.24.

Illegitimate Deaths (under 1 year), Total 0. Rate per 1,000 illegitimate births, 0.

Of the 15 infant deaths, 8 were certified as due to ante-natal causes, *e.g.*, congenital debility, malformation or premature birth. For the second year in succession there were no deaths from Infantile Diarrhoea.

Tuberculosis of the lungs was responsible for 13 deaths—4 male and 9 female; other forms of tuberculosis for 2 (one of each sex)—the death-rate per 1,000 from this disease being, therefore, 0.89.

Cancer caused 27 deaths—14 male and 13 female—about the average; the rate per 1,000 being 1.69.

Senile Mortality.—There were 104 (nett) deaths of persons over 65 years of age, or 52.79 per cent. of the total deaths.

One *uncertified death* occurred, and was attributed to cerebral hæmorrhage.

Inquests numbered 11, verdicts being returned as follows:—

Death after operation.

Asphyxia, due to bed-clothes left on child.

Wounds, self-inflicted, by throat-cutting.

Asphyxia, due to accidental over-laying.

Fall from shaft of dray, shock, injuries to head due to wheel passing over.

Accidental drowning.

Fracture of skull, accidental.

Fall from tumbril, accidental.

Food poisoning.

Fracture of skull, accidentally thrown from cycle.

Suicide by hanging.

Poor Law Relief.—The number of persons admitted to the Poor Law Institution from the Borough were:—Men, 182; Women, 152; Children, 56; Total, 396.

The numbers in receipt of outdoor relief were:—Men, 299; Women, 316; Children, 429; Total, 1,044; the cost being £5,531 os. 4½d.

The number of Vagrants relieved was 5,649, of whom 210 were Women and 28 Children.

Extensive use is made of the gratuitous medical relief provided by the Board of Guardians, there being two District Medical Officers, and a well-equipped Infirmary with 116 beds, of which 2 are reserved for lying-in cases.

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals.—Two are provided by the Local Authority:—

(1).—The Isolation Hospital, situated on the S. Eastern boundary, has accommodation for 20 patients, with facilities for separating cases of Enteric and Scarlet Fever and Diphtheria. It is in charge of a fever-trained Matron, and is under the supervision of the Medical Officer of Health, who is responsible for the treatment of all cases.

(2).—The Small-Pox Hospital, on the Southern boundary, consists of huts specially erected for the purpose in 1902. It has accommodation for 40 cases and the requisite staff, and can be brought into use in a few hours.

Tuberculosis is dealt with by the County Council, a Sanatorium and Dispensary, both in the Borough area, being provided.

The West Suffolk General Hospital, situated in the S. Western part of the town, has approximately 100 beds. Patients are admitted under the Letter System, and pay an additional 10s. weekly during residence, out-patient treatment involving no extra charges beyond the letter. Last year there were treated 1,304 in-patients, and 3,213 out-patients. Operations numbered 769; Maternity cases, 60; Dental patients, 429. There are special departments for Eyes; Orthopædics; Ear, nose and throat; X-Ray; Massage and electricity; and Ultra-violet rays. Its services are of incalculable benefit to the town and district.

The Alexandra Home, in the North-central part of the town, is provided by the Guardians for the accommodation of from 20 to 30 homeless children. It has been repeatedly condemned in past Reports, and will, it is to be hoped, be replaced in the near future by more suitable premises.

Ambulances.—(1) Non-infectious cases are moved by a motor ambulance provided by the British Red Cross Society. (2) Infectious cases, by a horse-ambulance provided by the Local Authority and kept at the Isolation Hospital.

Clinics and Treatment Centres.

The School Clinic, situated in the centre of the town, is open on week-days all the year round during School hours, when the Schools are open, and from 10 a.m. to 1 p.m., on Saturdays, and during the holidays. A review of its work will be found in the Annual Report of the School Medical Officer.

The County Medical Officer conducts Clinics for Maternity and Child Welfare, and for Venereal Diseases.

There is no Day Nursery in the area.

Public Health Officer.

(1) Medical Officer of Health. A part-time officer; is also S.M.O. and District Medical Officer.

(2) Sanitary Inspector. Whole-time. Is specially qualified for the inspection of meat.

Both the above receive grants towards their salaries from the Exchequer.

(3) School Nurse.

(4) Assistant School Nurse. Both these are whole-time officials. They co-ordinate their school duties with domiciliary work for the Public Health Department, *e.g.*, tracing contacts in infectious disease, and unhealthy home conditions.

Professional Nursing in the Home is provided for general and maternity cases by the Suffolk Nursing Association. Three nurses have been employed, and a very reasonable scale of fees imposed. The Guardians' contribution entitles all Poor Law cases to their services on the recommendation of the District Medical Officer. There are no facilities for the professional nursing of infectious cases in the home.

Midwives are under the control of the County Council, and are not subsidised by the Local Authority.

Chemical Work.—All samples under the Food and Drugs Act, and samples of water, are analysed by the Borough Analyst, Mr. F. Lincolne Sutton, who, in addition to a detailed report on each sample examined, furnishes the Council with a quarterly report on the subject.

Legislation in Force.—The following Acts, Bye-laws, and Local Regulations relating to the Public Health are in force:—

Infectious Diseases (Prevention) Act, 1890.
Public Health Acts Amendment Act, 1890.
Private Street Works Act, 1892.
New Buildings.
New Streets and Drainage.
Slaughter-houses.
Common Lodging Houses.
Markets.
Cleansing of Roads, Footways, etc.
Prevention of Nuisances from Snow, Dust,
Rubbish, etc.
The Employment of Children and Young
Persons.

Public Libraries Act, 1892.
Public Health Acts Amendment Act, 1907.
Baths and Washhouses Acts, 1846 to 1899.
Cowsheds, Dairies and Milkshops.
School Attendance.
Street Cries and other Nuisances.
Hackney Carriages.
Control of Dogs at night time.
Rear Lights on Vehicles.
Pleasure Grounds.
Offensive Trades.

SANITARY CIRCUMSTANCES.

Water.—The town water-supply is derived from a well, 110 feet deep, sunk in the chalk. From the well it is raised by engine-power to a high-level reservoir, whence it is distributed by mains laid throughout the entire area. The water has been frequently analysed, and always proved to be of unexceptionable purity. It possesses, however, the hardness characteristic of a chalk water in a marked degree, and it is safe to predict that, when financial considerations permit, a water-softening plant will need to be considered. The reservoir is placed well away from all buildings,

outside the edge of the town, and strongly fenced-in; and both storage and the method of distribution ensure the supply against any risk of chance pollution. The supply is abundant and constant. There are 10 wells, which supply water to 41 dwellings accommodating 1 per cent. of the population. These are all deep wells sunk in the chalk, all shallow wells having been closed after an exhaustive survey in 1907, and supervision is exercised to ensure that, by coverings and care of surroundings, they are protected from pollution. No case of illness even remotely attributable to contaminated water has occurred for twenty years.

Rivers and Streams.—The River Lark skirts the area on its Eastern side, receiving a network of small tributaries from low-lying ground on the S.W. The general outfall is small, with the natural result that, after heavy rainfall, some of the meadows become flooded; while, after prolonged drought, stagnant water tends to collect in shallow pools. These difficulties have been met by systematic cleaning, draining, and deepening whenever necessary. There is no pollution of the stream, or its tributaries, during its passage through the area. It is probable, however, that the newly erected Beet Sugar Factory, which discharges its effluent into the river some distance short of the northern boundary, will test the capacity of so small a channel.

Drainage and Sewerage.—The drains and sewers are collected into a large-bore sewer which runs in a northerly direction, generally following the valley, to the Sewage Farm, which is at West Stow, six miles distant. The out-fall is slow, and, after exceptionally heavy rain, some flooding of low-lying areas is apt to take place, though this has never proved a serious contingency. On arrival at the farm the sewage is distributed widely over open beds. The effluent is kept under constant supervision before its return to the river, and has always shown that the farm works efficiently.

Closet Accommodation.—Not more than two dwellings are allowed to share a Common W.C. This rule, adopted before the War, and rigidly enforced since its conclusion, has been of material assistance in abolishing privies. It is interesting also to recall that, twenty years ago, flushing-cisterns were deprecated on the ground that they were an inducement to children to waste water, besides being conducive to surface flooding by sewage, since the closets were the usual receptacles for broken crockery, and other materials of an equally obstructive character. Resolutions to this effect can be found recorded in the deliberations of the period referred to. To-day, no W.C. may be constructed without a proper flushing cistern, with the result that hand-flushing is being surely, if slowly, abolished, and a definite policy of proper sanitation clearly, if painfully, evolved. There are still about 35 privies in the area.

Scavenging.—House-refuse is collected in covered carts of a suitable type, the collections being made daily in the business centre of the town, and twice a week in other areas. During the last year, a notable advance has been made by the compulsory adoption of covered, portable ashbins for universal use. The refuse when collected is burned in a "Heenan" two-celled Refuse Destructor worked in conjunction with electric lighting.

Sanitary Inspection.—Details are summarised in the Report, furnished by the Sanitary Inspector, at the end of this Report.

Smoke Abatement is not a subject which presents any problems in an area of this character. Bakehouses are compelled to have chimneys sufficiently high to clear the windows of neighbouring dwellings. A chimney on fire occasionally calls for Police Court proceedings.

Premises and Occupations which can be controlled by Bye-laws or Regulations.—There are two Common Lodging-houses under the control of the Police. They are also subject to periodical inspections by the Medical Officer of Health, and may be considered as properly managed.

Regulations in respect of under-ground sleeping-rooms (Housing Act, 1925, Section 18 (1)) are not necessary in any part of the area, since such premises do not exist.

Offensive Trades.—There are no premises employed under this heading. Fried-fish shops are registered and regularly inspected.

Schools.—This subject is dealt with in the Annual Report of the School Medical Officer. It will therefore suffice, for the purposes of this Report, to state:—(1) That all the Public Elementary Schools have the public water-supply. (2) That their sanitary condition is always a subject of close and careful consideration. (3) That the re-construction of several, and the extension or enlargement of others is, at the moment, a subject of active consideration; and (4) That the action taken in relation to the health of the scholars and for preventing the spread of infectious disease accords with principles that are now universally recognised (*c.f.*, Memorandum on Closure of, and Exclusion from School, 1925).

HOUSING.

I.—GENERAL HOUSING CONDITIONS IN THE AREA.

(1) The housing conditions, generally, compare quite favourably with those obtaining in other towns of a similar character. There are still some courts and alleys in which the surrounding air-space and light are restricted, some of them still further vitiated by the want of a back exit. These are all carefully scheduled, and will undoubtedly disappear when the present shortage of houses has been overcome by new building. None of them lend themselves to conservative treatment, and it does not seem worth while at the moment to press for costly and useless expenditure upon them.

(2) *Shortage.*—It was estimated in 1923 that 250 houses were required to satisfy the needs of the population. Since then, over 100 have been erected, and it would seem that the estimate was a fairly correct one, for a relative shortage still exists. The measures taken have been the carrying out of a comprehensive scheme for building Council houses; and, having progressed satisfactorily, this scheme will doubtless be pursued until completed. Private enterprise has also contributed to the building of new houses, and failing any material change in the population, which need not be anticipated, it seems reasonable to predict that the next Survey Report will announce a sufficiency of houses for all.

II.—OVERCROWDING.

This does not exist to any serious extent. The cause is invariably the same in all cases, viz., poverty among large families compelled to live in cheap, small dwellings. It is usually dealt with by taking some of the children into the Home, and by serving notices on some of the adults to move into lodgings. Two cases occurred, and were abated by the removal of some of the occupants.

III.—FITNESS OF HOUSES.

1.—(a) The general standard of housing is very fair. Most houses are constructed of brick, some with lath and plaster partition-walls, and practically all have either tiled or slate roofs.

(b) The defects are usually either ceilings and floors; fireplaces; stairs; back-windows; yard-gulleys; or damp walls in the lower rooms.

(c) These defects are generally due to lack of supervision by owners, though it must be admitted that tenants sometimes show a complete disregard for the care of the homes in which they live. Defects which might be remedied at once by simple means are ignored, and lead to others.

2.—General action is taken under either the Public Health Acts, or the Housing Acts, a notice being served on the owner to remedy specified defects, within a fixed time. Subsequent inspections are carried out to ensure that the notices have been obeyed. Detailed statistics will be found in the Tables given below.

3.—Difficulties very seldom arise in remedying defects of the kind referred to. In rare cases there is delay beyond the period specified, this being ascribed, usually, to the difficulty of obtaining suitable workmen.

4.—Conditions, so far as they affect housing, in respect of water supply, closet accommodation, and refuse disposal, have already been referred to, and are, generally speaking, satisfactory.

IV.—Unhealthy areas have not presented any problems for solution.

V.—Bye-laws, which have been detailed, are adequate and work smoothly.

1.—*Unfit Dwelling Houses.*

Inspection. (1) Total number of houses inspected for housing defects (Public Health or Housing Acts)	291
(2) Total number of houses inspected and recorded under the Housing (Inspection of District) Regulations, 1910	132
(3) Number of Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
(4) Number of houses found not to be in all respects reasonably fit for human habitation	198

2.—*Remedy of Defects with Service of Formal Notices.*

Number of defective houses rendered fit in consequence of informal action by the Local Authority or their Officers	52
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3.—*Action under Statutory Powers.*

A.—Proceedings under Sect. 28 of the Housing, Town Planning, etc., Act, 1919.

(1) Number of dwelling houses in respect of which notices were served requiring repairs	0
(2) Number of dwelling houses which were rendered fit:—	
(a) By Owners	0
(b) By Local Authority in default of Owners	0
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	0

B.—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	177
(2) Number of dwelling houses in which defects were remedied:—	
(a) By Owners	151
(b) By Local Authority in default of Owners	0

C.—Proceedings under Sect. 17 and 18 of the Housing, Town Planning, etc., Act, 1909.

(1) Number of representations made with a view to Closing Orders	0
(2) Number of dwelling houses in respect of which Closing Orders were made	0
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	0
(4) Number of dwelling houses in respect of which Demolition Orders were made	0
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	0

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.—Samples of milk are frequently taken, and analysed. The supply generally is of excellent quality. The dairies, cowsheds, and milk-shops are under regular supervision, and methods of distribution enforced which ensure the wholesomeness of all milk.

(i.) The question of tuberculous milk has not been considered. So much of the milk comes from outside the area, that the onus of excluding tuberculous cattle from dairy herds must always rest upon other authorities.

(ii.) *Graded Milk.*—One licence was granted for the sale of “Certified” Milk, which is produced outside the Borough, and arrangements made by the Ministry of Health for samples to be taken by the local Authority. No licences were refused or revoked.

(iii.) During 1925, 12 samples were submitted to Bacteriological examination. Of these two did not comply with the Order of 1923, both giving a positive reaction to B.Coli, and one showing, in addition, an excessive number of bacteria per c.c. The remainder gave excellent results, the number of Bacteria per c.c. varying from 1286 to 7733.

(b) MEAT.—(i.) The Sanitary Inspector is specially qualified in Meat Inspection, and regularly attends the slaughter-houses when slaughtering is in progress. Every effort is made to be present at the time of slaughter, but with a number of premises in use at the same time this is possible only to a very limited extent. The greater proportion of the animals are, however, inspected immediately after slaughter, the Regulations requiring the giving of previous notice having been of the greatest value.

At the present time, however, where previous notice of regular days and times of slaughtering has been given, no obligation is imposed upon the butcher to retain the carcase and organs for inspection, and in cases where slaughtering extends over several hours, and the inspector's visit is timed towards the end of the period in order to examine all the animals slaughtered, it is frequently found that organs particularly have been removed for sale and are not available for inspection, thus making the examination more difficult and incomplete.

It is to be hoped that in the near future these Regulations will be amended to provide that all carcasses and organs shall be retained for a definite period, or until they have been inspected.

No arrangements have been made for the Marking of meat, the conditions prescribed by the Regulations making this impossible under present circumstances and with the existing staff.

No request has been made for meat to be so marked.

Disposal of Condemned Meat.—In suitable cases carcasses are utilised as food for hounds kenneled in the district. The remainder and all diseased organs are destroyed at the Council's refuse destructor.

(ii.) *Shops, Stalls, Stores, Vehicles.*—The practice of hanging meat outside shops has been discontinued, and shop windows are required to be kept closed, except in special circumstances.

No stalls are in use in the open market.

Alterations were required at several stores to comply with the Regulations, and periodical inspections are made to ensure the cleanliness of these premises.

All meat conveyed in open vehicles is suitably covered, and a much improved standard of cleanliness has been obtained as a result of the introduction of the Regulations.

(iii.) There is no public abattoir.

Private Slaughter-houses:—

					<i>In 1920.</i>		<i>In Jan., 1925.</i>		<i>In Dec., 1925.</i>
Registered	...	...	...	...	—	...	—	...	—
Licensed	...	...	...	...	17	...	12	...	12

(c) OTHER FOODS.—Warnings are sometimes received from Metropolitan or Port Authorities that food unfit for human consumption, *e.g.*, preserved dates, has been purchased by local agents. These warnings are investigated, and in every case it has been found that the material was intended for conversion into food for animals. Occasional complaints come from private sources, purchasers being dissatisfied with the quality of preserved food, *e.g.*, bacon, with which they have been supplied. If the sample produced warrants suspicion, the vendor is approached with a view to an examination of his stock, and all necessary action taken. The sanitary condition of bakehouses is under systematic supervision. It is many years since attention was first drawn in these reports to the condition of some retail bakers' premises. The coal, coke, and firewood for the oven are exposed in corners of the apartment which contains the flour-trough; kneading may be carried on, while dust from these sources, and from the drying mud left by customers, is spread everywhere; possibly, the bread baked in these surroundings is exposed for sale in the window, while a general

sweeping-up of the bake-office is in progress. The methods of delivering bread also leave room for improvement. It is invariably exposed to air and dust, and its direct handling by a person leading a horse about by its bridle is not conducive to its cleanliness. Existing powers are inadequate for dealing with such conditions.

(d) No cases of food poisoning have occurred since 1920. The one mentioned in the reference to inquests occurred outside the area, death taking place in the Hospital.

(e) SALE OF FOOD AND DRUGS ACTS.—These have been administered as in former years, the samples in 1925 being as follows:—

	Genuine.	Adulterated.	Remarks.
New Milk... ..	16	2	(a) 2.31% of milk fat. Vendor prosecuted and fined £1. (b) Sample contained 6% added water. Vendor prosecuted and fined £10.
Butter	4	0	
Cream	3	0	
Margarine	2	0	
Lard	2	0	
Condensed Full Cream Milk ...	1	0	
Vinegar	1	0	
Coffee	2	0	
Apples (informal sample) ...	1	1	Arsenic present to the extent of 1/64 gr. per lb.

(f) MILK AND CREAM REGULATIONS, 1912 AND 1917.

- 1 Milk and Cream not sold as Preserved Cream:—
 - (a) Number of Samples examined for the presence of a preservative—Milk 16, Cream 3.
 - (b) Number in which the presence of a preservative was reported—Nil.
- 2 Cream sold as Preserved Cream—Nil.
- 3 Thickening substances—Nil.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The outstanding feature of a quinquennial review is the outbreak of Meales in 1923. It was exhaustively dealt with in the Report for that year. This is a notifiable disease in Bury St. Edmund's, and it is merely necessary to recall that there were 250 cases, and that, occurring in the late autumn and winter, the outbreak was aggravated by exceptionally severe weather. The number of cases of notifiable infectious diseases occurring in 1925 are given in the table below, the average for the years 1920-4 being bracketed *in italics* alongside:—

Disease.	Total Cases.	Admitted to Hospital.	Deaths.
Small Pox	0 (0)	0	0
Scarlet Fever	29 (15)	27 (10)	0 (0.6)
Diphtheria	4 (9)	3 (8)	0 (0.75)
Enteric Fever and Para-Typhoid ...	0 (0.8)	0 (0.5)	0 (0)
Puerperal Fever	1 (2)	0 (0)	1 (0.2)
Pneumonia	18 (7)	0 (0)	11 (5)
Encephalitis Lethargica	0 (0.2)	0 (0)	0 (0.2)
Cerebro-Spinal Fever	0 (0)	0 (0)	0 (0)
Measles... ..	26 (98)	0 (0.8)	1 (0.2)
Tuberculosis—Pulmonary { M. ...	8		4
	F. ...		9
	Total	0 (0)	13 (14.8)
,, Other Forms { M. ...	1		1
	F. ...		1
	Total	0 (0)	2 (4.4)

Throat swabs are examined by the County M.O.H. Other pathological and bacteriological specimens, *e.g.*, sputum, blood, cerebro-spinal fluid, are dealt with by the Medical Officer of Health through Dr. E. Burnet, of London. "Contacts" are traced by the Sanitary Inspector or Health Visitors, and exclusion from school, or business, enforced as a means of isolation. No "return" cases of Scarlet Fever have occurred during the last twenty-three years.

Anti-toxin for Diphtheria is supplied free to doctors when required.

Disinfection is carried out by means of a "Washington-Lyons" steam apparatus at the Isolation Hospital; and with Formalin, either lamp or spray, in dwellings. Use has not been made of the Schick and Dick tests for Diphtheria and Scarlet Fever respectively, the opportunities for their employment having been extremely limited since their development. They are essentially restricted to circumscribed groups of "Contacts." Vaccinations by the M.O.H. under the Public Health (Small-Pox Prevention) Regulations, 1917, have not been necessary.

The control of non-notifiable infectious disease depends, chiefly, on such information as is obtained under the School Medical Service, and is not the least valuable of the contributions the latter makes to the cause of Public Health. Details of the methods employed will be found in the Annual Report of the S.M.O. They consist principally in domiciliary visiting by the nurses, and exclusion from school of susceptible "contacts." Measles caused one death, and Influenza two.

Tuberculosis.—New cases, and deaths from this disease are given in the following Table:—

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0	...	...	...	...	...	...	...	...
1— 5	...	...	1	1	...	...	...	...
5—10	...	...	...	1	...	...	...	...
10—15	...	...	...	...	...	...	...	1
15—20	...	1	...	1	2	1	1	...
20—25	2	6	...	...	1	2	...	...
25—35	2	2	...	...	...	2	...	...
35—45	3	3	...	...	1	...	...	...
45—55	1	1	...	...	...	3	...	...
55—65	...	1	...	...	...	1	...	...
65 and over	...	...	...	...	...	...	...	...
Totals ...	8	14	1	3	4	9	1	1

There was only one death from Tuberculosis which had not been notified, and it is safe to regard the notification of this disease as efficient.

No cases occurred among employees in the milk trade; nor any in which an order for compulsory removal was sought.

The control of Tuberculosis, as has already been said, rests in the hands of the West Suffolk County Council, the same remark applying to Maternity and Child Welfare.

One case (fatal), of Puerperal Fever, occurred in an institution; and two cases of Ophthalmia Neonatorum.

CASES.			Vision.		Total Blindness.	Deaths.
Notified.	Treated.					
	Home.	Hospital.	Unimpaired.	Impaired.		
2	...	2	2	...	...	...

A general survey of the quinquennial period suggests a few reflections. The first is that the birth-rate has shown a steady and progressive decline. The rates for the years 1920-4 were, per 1,000 births, 24.14, 21.05, 19.96, 18.30 and 16.08. In 1925 the rate fell to 15.44, which matches that for the lowest of the war years. This may be, to some extent, a natural result of stringent economic conditions affecting the fecundity of the community; but there can be no reasonable doubt that it has also arisen through the extension of artificial control. This is not the place for the discussion of a controversial subject, but it is necessary to state the facts, and leave all thinking minds to consider their effect on the future of the nation. Cheating Nature does not help to pay Nature's bill.

The death-rate during the same period has varied from 11.04 per thousand in 1920 to 14.49 in 1922, so that the rate (12.35) for 1925 is satisfactory, and compares favourably with that for England and Wales (12.2).

The figures for notifiable infectious diseases suggest that they are efficiently controlled by existing methods. These consist, in the main, in suitable means for isolating the sick, and placing "contacts" in quarantine; while carrying out measures for disinfection. The first impression received is that the same methods might with equal success be applied to non-notifiable infectious diseases. The second, and probably correct impression, is, that the present system of notification is restricted to those diseases which lead themselves to early and definite diagnosis. It has been shown, in the case of Measles, that notification comes too late as a preliminary towards the stamping out of the disease; and the same would be found of such diseases as Influenza and Whooping Cough.

As regards water-supply and drainage, the area, judged by its zymotic rate, offers not only an illustration of the importance of these two factors, but an example to other areas of a similar type.

The housing problem still overshadows all others. Here it is not merely a question of adequate room for all, but of appropriate room for all as well. The war enforced a lowered standard on this subject, for it is certain that, but for the war, many houses which still survive would, ere now, have disappeared. New houses will be needed, not only until arrears have been overtaken, but until every back-to-back dwelling, and all closely crowded courts and alleys have been swept away. This is both the starting point for all sanitary progress, and the goal in which all aspirations for a perfect Public Health are likely to be realised.

Meanwhile, it is incumbent on us all, collectively and individually, to make the best of present conditions; and, while aiming at better, to remember that interest, and self-education, in health matters acquire an increased importance and become a special duty in times of exceptional stress like the present. The cultivation of the "health conscience" in the slum-dweller would appear, at the moment, to be a more promising enterprise than the abolition of the slums, if not, indeed, an essential preliminary to it.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (Including Factory Laundries)	5	...	...
Workshops (Including Workshop Laundries)	157	1	...
Workplaces (Other than Outworkers' Premises)	6	...	...
Total	168	1	...

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness	6	6	...	...
Want of Ventilation ... ..	...	..	...	...
Overcrowding ... ..	...	...	...	...
Want of Drainage of Floors ... ..	...	...	...	...
Other Nuisances	1	1	...	...
Sanitary Accommodation {	insufficient ... ..	...	...	...
	unsuitable or defective	3	3	...
	not separate for sexes	...	..	...
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Other Offences (Excluding offences relating to Outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	...	...	...	...
Total	10	10	...	...

*Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

VITAL STATISTICS.

CAUSES OF DEATHS IN BURY ST. EDMUND'S DURING THE YEAR 1925.

<i>Causes of Death—Civilians only.</i>				<i>M.</i>	<i>F.</i>	<i>Causes of Death—Civilians only.</i>				<i>M.</i>	<i>F.</i>
All Causes	...	...	...	106	91	22.	Diarrhœa, etc. (under 2 years)	—	—		
1. Enteric Fever	...	...	...	—	—	23.	Appendicitis and Typhlitis	—	1		
2. Small Pox	...	...	...	—	—	24.	Cirrhosis of Liver	...	...	2	1
3. Measles	...	...	...	—	1	25.*	Acute and Chronic Nephritis	3	—		
4. Scarlet Fever	...	...	...	—	—	26.	Puerperal Sepsis	...	...	—	1
5. Whooping Cough	...	...	...	—	—	27.	Other Accidents and Diseases				
6. Diphtheria	...	...	...	—	—		of Pregnancy and Parturition	—	1		
7. Influenza	...	...	...	1	1	28.	Congenital Debility and Mal-				
8. Encephalitis Lethargica	...	...	...	—	—		formation, Premature Birth	5	3		
9. Meningoccal Meningitis	...	...	...	—	—	29.	Suicide	...	...	1	1
10. Tuberculosis of Respiratory						30.	Other Deaths from Violence	5	2		
System	...	...	...	4	9	31.	Other Defined Diseases	...	17	13	
11. Other Tuberculous Diseases				1	1	32.	Causes Ill-defined or unknown	—	—		
12. Cancer, Malignant Disease				14	13	Special Causes (included above)—					
13. Rheumatic Fever	...	...	...	—	—		Poliomyelitis	...	...	—	—
14. Diabetes	...	...	...	1	4		Polioencephalitis	...	...	—	—
15. Cerebral Hæmorrhage	...	...	...	12	7	Deaths of Infants		Total	...	10	5
16. Heart Disease	...	...	...	19	10			Illegitimate	—	—	
17. Arterio-Sclerosis	...	...	...	5	6						
18. Bronchitis	...	...	...	6	9	TOTAL BIRTHS		...	...	122	127
19. Pneumonia (all forms)	...	...	...	9	2			Legitimate	...	116	123
20. Other Respiratory Diseases				3	3			Illegitimate	...	6	4
21. Ulcer of Stomach or Duodenum	—			—	1	POPULATION		{ for Birth Rate 16.120			
								{ for Death Rate 15.940			

Uncertified Deaths.—One.

Inquests.—Eleven.

Deaths due to Accident	...	7
Suicide	...	2
Natural Causes	...	2

Causes of, and ages at, Death during 1925.

CAUSES OF DEATH.				All Ages.	Under 1 year.	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards
1	Enteric fever	...	...							
2	Small-pox	...	...							
3	Measles	...	...	1				1				
4	Scarlet fever	...	...							
5	Whooping-Cough	..	...							
6	Diphtheria and Croup	...	...							
7	Influenza	...	...	2						1	1	
8	Encephalitis Lethargica	...	...							
9	Meningococcal Meningitis	...	...							
10	Phthisis, Pulmonary Tuberculosis	...	...	13					6	2	5	
11	Other Tuberculous Diseases	...	...	2				1		1		
12	Cancer, Malignant Disease	...	...	27						1	10	16
13	Rheumatic Fever	...	...							
14	Diabetes	...	...	5						1	2	2
15	Cerebral Hæmorrhage	...	...	19							2	17
16	Organic Heart Disease	...	...	29				1		1	4	23
17	Arterio Sclerosis	...	...	11								11
18	Bronchitis	...	...	15		1					1	13
19	Pneumonia (all forms)	...	...	11	2		1	2		2	2	2
20	Other Diseases of respiratory organs	...	...	6					2	2	1	1
21	Ulcer of Stomach or Duodenum	...	...	1								1
22	Diarrhoea	...	...							
23	Appendicitis and Typhlitis	...	...	1								1
24	Cirrhosis of Liver	...	...	3						1	2	
25	Nephritis and Bright's Disease	...	...	3				1			1	1
26	Puerperal Sepsis	...	...	1					1			
27	Other accidents and diseases of pregnancy pregnancy and parturition	...	...	1						1		
28	Congenital Debility, Malformation and Premature Birth	...	...	8	8							
29	Suicide	...	...	2							2	
30	Violent Deaths, excluding suicide	...	...	6	2				3			1
31	Other defined diseases	...	...	30	3		1	1	3	2	5	15
32	Diseases ill-defined or unknown	...	...							
TOTALS				197	15	1	2	7	15	15	38	104
Poliomyelitis												
Certified				196	15	1	2	7	15	15	38	104
Uncertified				1								1

INFANT MORTALITY.

1925. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH.				Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
All causes { Certified. Uncertified.				10	1	1		12	1	1	1		15
{ Small-pox													
{ Chicken-pox													
{ Measles													
{ Scarlet fever													
{ Whooping-Cough													
{ Diphtheria and Croup													
{ Erysipelas													
{ Tuberculous Meningitis													
{ Abdominal Tuberculosis													
{ Other Tuberculous Diseases													
{ Meningitis (<i>not Tuberculous</i>)													
{ Convulsions													
{ Laryngitis													
{ Bronchitis													
{ Pneumonia (all forms)										1	1		2
{ Diarrhoea													
{ Enteritis													
{ Gastritis													
{ Syphilis													
{ Rickets													
{ Suffocation and overlying				3				3					3
{ Injury at birth													
{ Atelectasis													
{ Congenital Malformations													
{ Premature birth				4	1			5					5
{ Atrophy, Debility and Marasmus				3				3					3
{ Other Causes						1		1	1				2
TOTALS				10	1	1		12	1	1	1		15
Nett Births in the year { legitimate 249. illegitimate 10.								Nett Deaths in the year of { legitimate infants 15. illegitimate infants 0.					

SUMMARY.

The following Table contains an abstract of particulars taken from the Inspector's Books:—

Number of Visits paid ... 3326.

NUISANCES DEALT WITH.

Defective W.C.'s ... 3	Insufficient Lighting and Ventilation ... 8
Keeping of Animals so as to be a nuisance 2	Houses without a proper supply of water 12
Overcrowding ... 2	Number of Premises Stripped and Cleansed
Accumulation of Refuse ... 4	after Infectious Disease ... 2
Dirty Walls and Ceilings ... 6	Miscellaneous ... 84
Defective Walls and Ceilings ... 104	
D and Bell Traps abolished ... 38	Number of Complaints received ... 52
Defective Drains ... 2	
Blocked Drains ... 12	Verbal Notices given ... 16
Dirty Condition of Bakehouses ... 3	Preliminary Notices ... 41
Defective Floors of Slaughterhouses ... 2	Statutory Notices ... 111
Defective Floors ... 63	
Defective Roofs ... 58	Visits for Infectious Diseases ... 124
Defective Troughing and Rain-water Pipes 61	Houses Disinfected ... 64
Defective Paving in Yards ... 59	Samples under Sale of Food and Drugs Acts 33
Damp Walls and Floors ... 12	Visits to Bakehouses ... 77
Dirty W.C.'s ... 3	Visits to Milkshops ... 49
Sinks and Wastes, Defects of ... 11	Visits to Slaughterhouses ... 949
Defective Window Frames ... 58	
Dirty Condition of House and Bedding 2	Meat and other Foodstuffs Condemned as
Stoves repaired or new ones provided ... 30	Unfit for Human Consumption ... 2,960 lbs.

